BOARD FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS
Mailing Address: P. O. Box 349002, Sacramento, CA 95834-9002
2535 Capitol Oaks Drive, Suite 300, Sacramento, CA 95833-2944
(916) 263-2222 Facsimile: (916) 263-2246
www.dca.ca.gov/pels

THIS FORM IS FOR <u>NEW APPLICANTS ONLY</u>

DO <u>NOT</u> USE THIS FORM IF YOU ARE REFILING FOR THE EXAMINATION
Refile applicants must use the Refile Application

APPLICATION FOR IN-TRAINING CERTIFICATION
FEE: $60.00   Check or money order only   CHECK ONE: E.I.T. [ ]   L.S.I.T. [ ]

1. MINIMUM QUALIFICATIONS: **E.I.T.** - answer A, B, & C only **L.S.I.T.** - answer D, E, F, & G only

		Yes	No
A.	Have you completed at least 3 years of college work in a Board-approved engineering curriculum?	[ ]	[ ]
B.	Have you had at least 3 years of engineering related work experience?	[ ]	[ ]
C.	Have you ever been convicted of a crime substantially related to the practice of engineering?	[ ]	[ ]
D.	Have you completed at least two years of postsecondary education in land surveying?	[ ]	[ ]
E.	Have you completed at least two years of experience in land surveying?	[ ]	[ ]
F.	If you answered "No" to questions D and E above, please answer. Have you completed a combination of one year of postsecondary education and one year of experience in land surveying?	[ ]	[ ]
G.	Have you ever been convicted of a crime substantially related to the practice of land surveying?	[ ]	[ ]

2. SCHOOL OF ATTENDANCE:
Name of College / University last attended / currently attending: _____
                                      State _____   Country _____

3. NAME: _____
                    Last Name   First Name   Middle

4: BIRTHDATE: ____ / ____ / ____   5: DAYTIME PHONE NUMBER: (____) _____
                    month   day   year   (Area code) Number

6: SOCIAL SECURITY NUMBER (SSN) or
     INDIVIDUAL TAXPAYER IDENTIFICATION
     NUMBER (ITIN)
                                                    Applications without a SSN or ITIN will not be processed..

7: MAILING ADDRESS   Apt
                    _____
                    Street Number, Street Name, and Apartment Number, if applicable

8. CITY, STATE & ZIP CODE:
                    _____
                              City   State   Zip Code

I certify under penalty of perjury under the laws of the state of California that the information on this application is true and correct to the best of my knowledge.

_____   _____
                    Signature   Date

_____
Optional: e-mail address